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020(Depositor's name) 1400.00 OP 01 FC:1501 (Signature) 300.00 DP 02 FC:1504 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 01:37465C10 10/774,588 02/10/2004 Yoshikazu Tanabe 1085 TITLE OF INVENTION: METHOD FOR FABRICATING SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE TOTAL FEE (S) DUE DATE DUE APPL. TYPE SMALL ENTITY PUBLICATION FEE **ISSUE FEE** NO \$1400 \$300 \$1700 02/03/2006 Nonprovisional **EXAMINER ART UNIT CLASS-SUBCLASS** YEVSIKOV, VICTOR V 2891 438-773000 1. Change of correspondence address or indication of "Fee Address: (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys 1 ANTONELLI, TERRY, STOUT Change of correspondence address (or Change of Correspondence AND KRAUS, LLP. Address form PTO/SB?122 attached. Or agents OR, alternatively, agents OR, alternatively, (2) the name of single firm (having as a "Fee Address" indication (or "Fee Address" Indication form member a registered attorney or agent) PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer and the names of up to 2 registered patent Number is required. attorneys or agents. If no name is listed no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) RENESAS TECHNOLOGY CORP. TOKYO, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): Ø Corporation or other private group entity Government Individual 4a. The following fee(s) are enclosed: 4b. Payment of Fee (s): \boxtimes Issue Fee A check in the amount of the fee(s) is enclosed. \boxtimes Payment by credit card> Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Advance Order- # of Copies Deposit Account Number 01-2135 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 П b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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